CMS Visitor Approval Form
(All blanks should be filled in as indicated--use N/A if it does not pertain to you)

New _____   Cost Code_____

Previous/Existing _____   Program Code_____

Requester_____ Z#_____ Group/MS_____ Phone_____ Date

_____

Visitor Information:

Name_____ Title_____ Date of Birth_____
  (Last)   (First)   (Full Middle)

Citizenship_____ City/State/Country of Birth_____
Visa Type_____ Social Security #_____ Permanent Resident Alien #_____
                                                                        (If Applicable)
Employer & Complete Address_____

_____

Telephone/FAX/e-mail_____
Dates at LANL_____ Purpose of Visit/Benefit to DOE_____

_____

Cash Advance Required *(Up to $500)*?   Yes_____   No_____   Amount_____
Computer Access Needed? Yes___ No___ *(If yes, provide computer system to be used and justification on reverse side.)*
Will computer access be unclassified and nonsensitive? Yes_____   No_____
Will visitor need Government Furnished Property?   Yes_____   No_____

Request CMS Provide:

Funds

Fee: Yes_____ No_____   Honorarium: Yes_____ No____   Stipend: Yes_____ No_____
Per Diem: Yes_____   No_____   Rental Car: Yes_____ No_____ Ross: Yes_____ No_____
Travel: Yes_____ No_____   From_____ to Los Alamos to_____
Housing: Yes_____   No_____
Office Space: Yes_____   No_____

Administration

Do you want the CMS office to make reservations for your guest?   Yes_____ No_____
_____   Housing?   Where_____
_____   Auto?   Time & Date of Arrival/Departure _____
_____   Ross?   Time_____
_____   Travel?   Details_____
_____
_____

Seminar Announcement: Yes_____ No____   Title:_____
_____
(Please attach Abstract if needed for seminar announcement!)
_____

                        Approved_____   Disapproved_____

CMS Office Use: Worked by:_____

Cost Code_____   Program Code_____   Cost Split Codes:_____/_____

Office Space Location:_____

IR_____   982_____   IA-473_____   Entered in Data Base_____

Estimated Costs:

Housing_____   Fee_____   Burden_____   Travel_____   Per Diem_____   Auto_____

Honorarium_____   Stipend_____   Burden_____
                                                        Total_____